

## **EXHIBIT 22**

USE THIS FORM TO REPORT: CRIME CLASSIFICATION, CASE NUMBER, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, PROPERTY, ADDITIONAL STOLEN PROPERTY, NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY REPORTED, CRIME INCIDENT DATA, USE COMPLAINT FOR FOLLOW-UP, AND TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89-31)						PAGE	OF	PAGE				
Crime HOMICIDE #2			Pct.	OCCB No.	Complaint No.	Date of This Report						
12	Date Assigned 2/12	Case No. 624	Unit Reporting 43 PDS			Follow-Up No.						
Vainani's Name - Last, First, M.I. SNEY FOR ACOSTA, ALBERT			Victim's Name - If Different									
Last Name, First, M.I.			Address, Include City, State, Zip						Apt. No.			
Home Telephone		Business Telephone		Position / Relationship		Sex	Race	Date of Birth	Age			
Total No. of Perpetrators		Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)							
		<input type="checkbox"/> Used	<input type="checkbox"/> Possessed									
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip				Apt. No	Res. Pct.		
<input type="checkbox"/>		<input type="checkbox"/>										
Sex	Race	Date of Birth	Age	Height	Fl.	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.	
<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Sunglasses	Clothing Description:										
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.										
(Continue In "Details")												
Wanted		Arrested	Last Name, First, M.I.		Address, Include City, State, Zip				Apt. No	Res. Pct.		
<input type="checkbox"/>		<input type="checkbox"/>										
Sex	Race	Date of Birth	Age	Height	Fl.	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.	
<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Sunglasses	Clothing Description:										
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.										
(Continue In "Details")												
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."												
Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/> <input type="checkbox"/>							
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/> <input type="checkbox"/>							
Invass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results				Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained						
Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:											
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:											
Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)				Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)						
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted												
DETAILS:												
Investigate: HOMICIDE												
Subject: INTERVIEWED PO ORTIZ & PO RODRIGUEZ												
<ul style="list-style-type: none"> <li>On March 1, 2001, at approx. 0935 hrs., the u/s interviewed PO Ortiz &amp; PO Rodriguez sec 43H who responded to the dispute on 2/12/01 at 1700 Metropolitan Ave at approx. 0835 hrs.. PO Ortiz stated SPO Manganiello was present in apt#5E when he got there. SPO Manganiello then asked if they needed him and he stated no we could handle this. SPO Manganiello left. PO Rodriguez then gave back the job at approx. 0904 hrs. and did not see SPO Manganiello when he left the building.</li> <li>Case active.</li> </ul>												
0848												
FIVE <input type="checkbox"/> CLOSED			DATE REVIEWED / CLOSED			IF ACTIVE, DATE OF NEXT REVIEW						
RANK R: Det		SIGNATURE 			NAME PRINTED Luis R. Agostini		TAX REG. NO.		COMMAND			
INC/CLOSING		CASE		ENTER PERIOD								